

## OCCUPATIONAL UPDATE CREDIT APPLICATION

(Please Type All Information)

NAME OF INSTRUCTOR: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
PROGRAM AREA: \_\_\_\_\_ COURSE CODE (WVEIS): \_\_\_\_\_

### WORKSHOP INFORMATION

NAME OF WORKSHOP: \_\_\_\_\_  
SPONSOR (Company or Organization): \_\_\_\_\_  
LOCATION OF WORKSHOP: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_  
DESCRIPTION Agenda and/or brochure describing the workshop in detail as well as clock hours of instructional time  
: must be attached.

WORKSHOP CREDIT: Submit to the WVDE Program Area Coordinator for Seat Hour Approval. Form will be forwarded to the WVUIT representative to transcript credit according to WVUIT policy of 1 college credit for every 15 seat hours approved.

\_\_\_\_\_  
Designated College/University Rep - Signature & Date

\_\_\_\_\_  
Signature of Career Technical Education Director

\_\_\_\_\_  
WVDE CTE Program Area Coordinator – Signature & Date

\_\_\_\_\_  
WVDE CTE AD Initials \_\_\_\_\_

Occupational Update Credit – Seat Hours \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

**Please Submit to your Program Area Coordinator at the Following Address:  
1900 Kanawha Boulevard, East  
Building 6, Room 221  
Charleston, WV 25305-0330**

\*For Back to Industry Reimbursement, contact Rick Gillman @rgillman@k12.wv.us